



**Grow With WIC
2005
Training Registration Form**

Please Print Clearly:

Trainee's Name _____ **Email** _____

Trainee's Job Role(s) ☐ Clerk ☐ Certifier ☐ Clerk/Certifier ☐ MSS
☐ Coordinator ☐ Nutritionist ☐ Other _____

Agency _____ **Clinic Name** _____

Clinic Phone () _____ - _____ **Clinic Fax** () _____ - _____

Mail confirmation packet to: ☐ My clinic ☐ My home

Street: _____

City _____ **State** _____ **Zip** _____

☒ **Yes! I want to attend: (check boxes below)**

<u>Core WIC</u> <input type="checkbox"/> Mar 15-18 <input type="checkbox"/> Sept 27-30 <input type="checkbox"/> Dec 6-9	<u>Clerk to Certifier</u> <input type="checkbox"/> Nov 1-2	<u>Innovative Nutrition Education Ideas</u> <input type="checkbox"/> Nov 3
<u>New Nutritionist Orientation</u> <input type="checkbox"/> Mar 22-23 <input type="checkbox"/> Dec 1-2	<u>Client Centered Approaches for Individual Contacts</u> <input type="checkbox"/> April 26 <input type="checkbox"/> Sept 21	<u>Client Centered Approaches for Group Contacts</u> <input type="checkbox"/> April 27 <input type="checkbox"/> Sept 22
<u>RGM: Learning to Lead</u> <input type="checkbox"/> May 17-18 SeaTac <input type="checkbox"/> July 12-13 Spokane	<u>RGM: New Coordinator Orientation</u> <input type="checkbox"/> Nov 15-16	

As the coordinator, I am requesting personnel cost reimbursement for this part-time staff person.

Coordinator Signature: _____ **Phone:** _____

Mail, e-mail or fax completed form to:

Robert Hunter
Washington State WIC Program
PO Box 47886
Olympia WA 98504-7886
Fax: (360) 586-3890
robert.hunter@doh.wa.gov

Please contact us if you have a breastfeeding baby so we can support you during training!
Sara Knight at 1-800-841-1410 x 3664 or
sara.knight@doh.wa.gov

Visit www.doh.wa.gov/cfh/WIC
for additional information about WIC trainings